

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																	
1 Date of Request: <u>8/29/95</u>		2 Serial/Patent # <u>08/476275</u>																																															
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%; text-align: right;">\$ 365.00</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing		\$ 365.00	<input type="checkbox"/>	Amendment		\$	<input type="checkbox"/>	Extension of Time		\$	<input type="checkbox"/>	Notice of Appeal/Appeal		\$	<input type="checkbox"/>	Petition		\$	<input type="checkbox"/>	Issue		\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$	<input type="checkbox"/>	Maintenance		\$	<input type="checkbox"/>	Assignment		\$	<input type="checkbox"/>	Other		\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 30%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="height: 100px;"></td> <td></td> <td style="text-align: right; vertical-align: bottom;">7 TOTAL AMOUNT OF REFUND \$ 365.00</td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT			7 TOTAL AMOUNT OF REFUND \$ 365.00
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11 REFUND REQUESTED BY:																																																	
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Legal Instru Exams</u>																																															
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-1157</u>																																															
OFFICE: <u>Application Branch</u>																																																	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																	
APPROVED: <u>Bill Phillips</u>		DATE: <u>9-22-95</u>																																															

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*